## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2007 08:00 AM Secretary of State

ANNUAL REPORT			Carrada of C4-4		
DOCUMENT # V52113  1. Entity Name KHAN & KHAN, INC.			•	Secre	etary of Stat
2476 N. FEDERAL HWY	lailing Address 2476 N. FEDERAL HWY LIGHT HOUSE POINT, FL 3306	4 US	: : 100/1 4/100/1 0/1/16 //00/1	:	RINI ANN RINI NININA II ANN
DO NOT WRITE II	,	CE	, <u>, , , , , , , , , , , , , , , , , , </u>	Chg-P CR2	E034 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Regis KAHN, MOONEER 2476 N. FEDERAL HWY LIGHTHOUSE POINT, FL 33064	stered Agent		_	T WRIT	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typod or printed name of registered agent and title if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		
10. OFFICERS AND DIRECT IIILE PTD KHAN, MOONEER SIREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL  TILE NAME STREET ADDRESS CITY-ST-ZIP	CTORS		01/	U000005978 '24/07-8005	40 2-012 150.00
ITILE NAME SIREF ADDRESS CITY-ST-ZIP HILE NAME			, , ,	T WRIT S SPAC	
STREET ADDRESS CITY-SI-ZIP  IIILE NAME STREET ADDRESS CITY-SI-ZIP	. ,				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this reported by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like expowered.

SIGNATURE: \_\_\_\_

THE NAME
STREET ADDRESS
CHY-ST-ZIP

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07

954 781-3561

Daytime Phone #